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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/735,307  
Applicant : Johnson  
Filed : December 12, 2003  
TC/AU : 3621  
Examiner : Negron  
Docket Number : 840468-605001  
Customer No. : 41498  
Re : Non-Intrusive Data Transmission Network for Use in an  
Enterprise Facility and Method for Implementing

DECLARATION UNDER 37 CFR § 1.132

I, Samuel A Greco, declare and say:

That I am a citizen of the United States and reside at 4405 Dade Drive, Flower Mound 75028.

That I am currently employed by, CAREVIEW COMMUNICATIONS, INC. (Cadco Surveillance Networks, d/b/a CareView), having a principal address at 5000 Legacy Dr, #470, Plano, Texas. I have been Chief Executive Officer for ten (10) months with the primary responsibility for sales, marketing and forecasting for the CareView System. I was a hospital executive for over thirty years as a hospital Chief Financial Officer, Chief Operating Officer and Chief Executive Officer of small, medium and large hospital. I was the Sr. Vice President of Financial Operations for Columbia/HCA Healthcare Corporation, the largest owner/operator of hospitals in the nation. During my tenure, I developed the procurement group that would evaluate products such as the CareView System. I left the provider segment of healthcare because the CareView product is such a break-through product for the industry.

That I understand the CareView System is a patient monitoring network appliance for dedicated operation on a coaxial distribution network. The CareView System combines a video camera for capturing image frames of a specific area, a motion detector for detecting movement in the surveillance area, a local video memory for storing video image sequences based on receiving movement indications from the motion detector and other electronic components for receiving and transmitting information on the coaxial network at multiple carrier frequencies. The CareView System transmits surveillance video sequences over the coaxial distribution network on one carrier and receives other types of information off the coaxial distribution network on a different carrier. The CareView System allows facilities to use their existing coaxial distribution network for video surveillance, thereby freeing the bandwidth traffic on their twisted wire distribution networks for other types of traffic. The CareView System allows facilities to efficiently manage the traffic of its coaxial distribution network by storing surveillance video sequences to the local memory for an indeterminate time period. The CareView System allows facilities to create a permanent record of selected surveillance video events for subsequent access by the coaxial distribution network and without regard to the status of the coaxial network at the time proximate to the event.

That CareView projected realistic yearly sales goals and revenue goals for the years up to and including 2008. CareView received seed funding, investment capital and other startup funding based, at least partially on those projections. CareView

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negotiated supply and distribution contracts with manufacturers and others based, at least partially on those projections. CareView has engaged installers, technicians, operators and other skilled employees and independent contractors based, at least partially on those projections.

That, until December 2007, the CareView System was in ongoing research and product development. The CareView System was not offered for sale until January 2008. Neither I, nor any other employee of CareView, initiated or participated in any traditional marketing campaign or promotion designed to promote the CareView System. At no time did CareView advertise or promote the CareView System in any traditional advertising media. To the best of my knowledge, all sales of the CareView System were the result of word-of-mouth communications, visits to the CareView web site, and/or knowledge of the research and product development initiatives pursued by CareView. CareView has no ongoing relationship with its clients outside of selling, servicing and managing the CareView System. None of the sales of the CareView System have been a result of a lawsuit or threat of lawsuit.

That between January 2008 and March 2008, CareView began actively marketing The CareView System by contacting healthcare executives that I have a previous relationship with and began receiving appointments to explain the benefits of the CareView Systems. Our early reception included over 750 hospitals representing more that 150,000 beds. That surpassed our projected appointment target forecast for the entire year of 2008. Currently, CareView has received contracts and/or commitments for the CareView Systems totaling two thousand beds with another fifteen thousand beds within the contract review status by our customer's legal department.

That the CareView System currently enjoys an unrivaled competitive position in the market. I have no knowledge of any similar or competing device that operates on a coaxial network, and saves video sequences to a local memory based on motion being detected in the surveillance area, and which transmits video while receiving other types of information from the coaxial distribution network and places camera in every patient's room.

That I believe the overwhelming acceptance and success of the CareView System is directly attributable to the advantages of the device and no other factor.

That the undersigned declares that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 6/30/2008

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I, Steven G Johnson, declare and say:

That I am a citizen of the United States and reside at 804 Tree Haven Ct., Highland Village, Texas.

That I am currently employed by CADCO SURVEILLANCE NETWORKS, d.b.a. CAREVIEW COMMUNICATIONS, INC. (CareView), having a principal address at 5000 Legacy Dr, #470, Plano, Texas. I have been President of the Company for approximately 3 years with the primary responsibility for sales, marketing and forecasting for the CareView Surveillance System.

That I understand the CareView Surveillance System is a patient monitoring network appliance for dedicated operation on a coaxial distribution network. The CareView Surveillance System combines a video surveillance camera for capturing image frames of a surveillance area, a motion detector for detecting movement in the surveillance area, a local video memory for storing video image sequences based on receiving movement indications from the motion detector and other electronic components for receiving and transmitting information on the coaxial network at multiple carrier frequencies. The CareView Surveillance System transmits surveillance video sequences over the coaxial distribution network on one carrier and receives other types of information off the coaxial distribution network on a different carrier. The CareView Surveillance System allows facilities to use their existing coaxial distribution network for video surveillance, thereby freeing the bandwidth traffic on their twisted wire distribution networks for other types of traffic. The CareView Surveillance System allows facilities to efficiently manage the traffic of its coaxial distribution network by storing surveillance video sequences to the local memory for an indeterminate time period. The CareView Surveillance System allows facilities to create a permanent record of selected surveillance video events for subsequent access by the coaxial distribution network and without regard to the status of the coaxial network at the time proximate to the event.

That CareView projected realistic yearly sales goals and revenue goals for the years up to and including 2008. CareView received seed funding, investment capital and other startup funding based, at least partially on those projections. CareView negotiated supply and distribution contracts with manufacturers and others based, at least partially on those projections. CareView has engaged installers, technicians, operators and other skilled employees and independent contractors based, at least partially on those projections.

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That, until December 2007, the CareView Surveillance System was in ongoing research and product development. The CareView Surveillance System was not offered for sale until December 2007. Neither I, nor any other employee of CareView, initiated or participated in any traditional marketing campaign or promotion designed to promote the CareView Surveillance System. At no time did CareView advertise or promote the CareView Surveillance System in any traditional advertising media. To the best of my knowledge, all sales of the CareView Surveillance System were the result of word-of-mouth communications and/or knowledge of the research and product development initiatives pursued by CareView. CareView has no ongoing relationship with its clients outside of selling, servicing and managing the CareView Surveillance System. No sales of the CareView Surveillance System have been a result of a lawsuit or threat of lawsuit.

That between December 2007 and March 2008, CareView received contracts and or other commitments for the CareView Surveillance Systems that surpassed the sales forecast for the entire year of 2008.

The CareView Surveillance System currently enjoys an unrivaled competitive position in the market. I have no knowledge of any similar or competing device that operates on a coaxial network, and saves surveillance video sequences to a local memory based on motion being detected in the surveillance area, and which transmits surveillance video while receiving other types of information from the coaxial distribution network.

That I believe the overwhelming acceptance and success of the CareView Surveillance System is directly attributable to the advantages of the device and no other factor.

That the undersigned declares that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 7/1/08  
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**DECLARATION UNDER 37 CFR § 1.132**

I, Edwin E. Carty, declare and say:

That I am a citizen of the United States and reside at 7300 Bolo Lane Flower Mound, TX 75022.

That I am currently employed by HealthCare Partners Investments, LLC, , having a principal address at 14024 Quail Pointe Drive Oklahoma City, OK 73134. I have been Vice President for Supply Chain for 4 years with the primary responsibility for evaluating healthcare supplies and equipment to be used in hospitals, surgical centers, imaging centers and related healthcare facilities.. I have over 30 years in the healthcare industry and have established major Group Purchasing Organizations for the leading providers of healthcare in the industry, worked with and for integrated delivery systems, have consulted to hospitals and product manufacturers for the benefit of the healthcare industry.

That I am neither employed by or under any contractual obligation CAREVIEW COMMUNICATIONS, INC. (CareView). Neither I, nor my employer, has received any compensation or consideration from CareView making the following declaration.

That healthcare facilities and hospitals should rely heavily on video monitoring for observing patients and patient areas. It is not uncommon for a hospital to have 200 to 500 beds, each of which would benefit from patient monitoring. Remote surveillance devices are recognized as being particularly efficient for monitoring certain patients. However, the patient monitoring video should be reliably available to a nurse, doctor or other health care giver, preferably in near real-time, for effectively managing patient care and safety.

That healthcare facilities have recognized that their distribution infrastructures generally do not have the bandwidth to support the real-time transmission of large amounts of patient monitoring video, large volumes of video data generated by such monitoring systems results in slow, erratic and sometimes unpredictable delivery of data across the distribution network. Consequently, healthcare facilities often elect to prioritize other types of network traffic and give patient monitoring video data a lower priority than the other types of data on the network. This results in lower frame rates, lower video resolutions, intermittent reception and/or lost patient monitoring video sequences.

That currently, no solutions to the patient monitoring problem have received widespread acceptance in the industry. Existing wire distribution networks generally do